

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32255
Registrar's No. 287

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

OCT 13 1943

Registration District No. 274

Primary Registration District No. 3925

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia, Missouri (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rural
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether)
In this community Unknown (years, months or days)

3. (a) PRINT FULL NAME Cpl. Ralph V. Hoar
A.S.N. 32286731
3. (b) If veteran, World War 3. (c) Social Security
name war #2 No. Unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife - - 6. (c) Age of husband or wife if alive - - years
7. Birth date of deceased Oct. 24, 1906
(Month) (Day) (Year)

8. AGE: Years 36 Months 10 Days 12 If less than one day - hr. - min.

9. Birthplace Cortland, New York
(City, town, or county, (State or foreign country)

10. Usual occupation Soldier

11. Industry or business U. S. Army

MOTHER FATHER { 12. Name Unknown
13. Birthplace Buffalo, New York
(City, town, or county, (State or foreign country)
14. Maiden name Unknown
15. Birthplace Buffalo, New York
(City, town, or county, (State or foreign country)

16. (a) Informant Army Records

(b) Address - -
17. (a) Removal (b) Date thereof 9/8/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cortland, New York

18. (a) Signature of funeral director Gillespie Funeral Home
Sedalia

(b) Address 9/8/43

19. (a) 9/8/43 (b) Anna Berger
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State New York (b) County Unknown
(c) City or town Cortland
(If outside city or town limits, write "RURAL")
(d) Street No. 33 Maple Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country - -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 5th
year 1943 hour 11:00 minute P. M.

21. I hereby certify that I attended the deceased from Never
that I last saw him alive on Never
and that death occurred on the date and hour stated above.

Immediate cause of death Skull completely crushed Duration Died instantly

Due to Multiple fracture of extremities
Due to None performed

Other conditions Multiple fracture of extremities
(Include pregnancy within 3 months of death)

Major findings: None performed
Of operations

Of autopsy None performed

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Airplane accident
(b) Date of occurrence 11:00 P.M. Sept. 5, 1943
(c) Where did injury occur (Rural) Sedalia, Pettis, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
During aircraft flight

While at work? Yes (Specify type of place) Plane crash
(e) Means of injury

23. Signature Case T. Berger (M. D. or other) M.C.
Sedalia Army Air Field
Address Warrensburg, Missouri Date signed 9/7/43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

10-12-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No.

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.